

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Go Iwasaki

Serial No: 10/721,310

Filed: November 25, 2003

For: OUTPUT BUFFER CIRCUIT AND SEMICONDUCTOR  
MEMORY USING THE SAME

Art Unit: 2827

Confirmation No. 7084

Examiner: Thong Quoc Le

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
November 14, 2005

Date of Deposit  
William H. Wright, Reg. No. 36,312  
Name  
Signature

11/14/05  
Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20	**	0	LG=\$50 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	4	-	5	***	0	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
						<b>TOTAL</b>	<b>\$0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

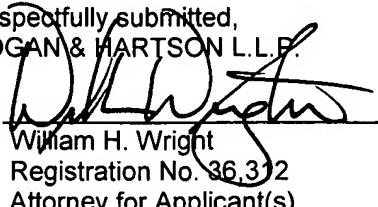
A check in the amount of \$\_\_\_\_ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:   
William H. Wright  
Registration No. 36,312  
Attorney for Applicant(s)

Date: November 14, 2005

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Appl. No. 10/721,310  
Amtd. Dated November 14, 2005  
Reply to Office Action of August 17, 2005

Attorney Docket No. 81788.0261  
Customer No.: 26021



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November 14, 2005	
Date of Deposit	William H. Wright, Reg. No. 36,312
Name	1/14/05
Signature	Date

AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated August 17, 2005. Please amend the above-referenced application as follows:

The claims are listed starting on page 2 of this paper.

Remarks begin on page 7 of this paper.